



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits Section – Bay and Central Region
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January 22, 2009

Karen Baylor, Ph.D., MFT, Director
San Luis Obispo County Mental Health Services
2178 Johnson Avenue
San Luis Obispo, CA 93401

Dear Dr. Baylor:

AUDIT REPORT – SAN LUIS OBISPO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Luis Obispo County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

		<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>	
Federal Share of Short-Doyle/Medi-Cal	\$ 5,987,548	\$ 5,675,276	\$(312,212)	
Federal Share of Healthy Families/Medi-Cal	\$ 78,907	\$ 71,872	\$ (7,035)	
State General Funds EPSDT Due State	\$ 1,629,014	\$ 1,520,504	\$ (108,510)	

Karen Baylor, Ph.D., MFT, Director
January 22, 2009
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for Shirley Castaneda
WALTER J. MILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SAN LUIS OBISPO COUNTY MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 4,898,666	\$ (384,613)	\$ 4,514,053
HEALTHY FAMILIES - FFP	(Sch. 2a)	78,907	(7,035)	71,872
TOTAL FFP - COUNTY PROVIDERS		\$ 4,977,573	\$ (391,647)	\$ 4,585,926
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 1,088,822	\$ 72,401	\$ 1,161,223
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 1,088,822	\$ 72,401	\$ 1,161,223
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 5,987,488	\$ (312,212)	\$ 5,675,276
HEALTHY FAMILIES - FFP		78,907	(7,035)	71,872
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 6,066,395	\$ (319,246)	\$ 5,747,149
SGF DUE COUNTY (STATE)	(See Note)	\$ 1,629,014	\$ (108,510)	\$ 1,520,504

Note: The "As Settled" amount above includes a refund of \$245 to the State subsequent to the initial EPSDT settlement. (Refer to adjustment 126)

SCHEDULE 2

**SAN LUIS OBISPO COUNTY MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	6,768,585	(584,621)	6,183,964
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	63,636	(33,495)	30,141
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	121,396	(20,875)	100,521
9. Total		<u>\$ 6,953,617</u>	<u>\$ (638,991)</u>	<u>\$ 6,314,626</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	29,300	0	29,300
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 29,300</u>	<u>\$ 0</u>	<u>\$ 29,300</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	6,802,921	(618,116)	6,184,805
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	121,396	(20,875)	100,521
25. Total		<u>\$ 6,924,317</u>	<u>\$ (638,991)</u>	<u>\$ 6,285,326</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**SAN LUIS OBISPO COUNTY MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 1,329,850	\$ (74,074)	\$ 1,255,776
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 3,087,298	\$ (977,560)	\$ 2,109,738
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 1,329,850</u>	<u>\$ (74,074)</u>	<u>\$ 1,255,776</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 12,894	\$ (2,842)	\$ 10,052
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 19,640	\$ 19,640
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 10,052</u>	<u>\$ 10,052</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 677,755	\$ (16,752)	\$ 661,003
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 188,186</u>	<u>\$ (4,652)</u>	<u>\$ 183,534</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 3,589,968	\$ (310,914)	\$ 3,279,054
46. Enhanced (Children)	(MH1979, Ln 17,17A)	41,364	(21,773)	19,591
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	664,925	(37,037)	627,888
50. U.R. Skilled Professional	(MH1979, Ln 14)	508,316	(12,564)	495,752
51. U.R. Other	(MH1979, Ln 15)	94,093	(2,326)	91,767
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 4,898,666</u>	<u>\$ (384,613)</u>	<u>\$ 4,514,053</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 4,898,666</u>	<u>\$ (384,613)</u>	<u>\$ 4,514,053</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 78,907	\$ (13,568)	\$ 65,339
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	6,534	6,534
60. Total Healthy Families Reimbursement - FFP		<u>\$ 78,907</u>	<u>\$ (7,035)</u>	<u>\$ 71,872</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 4,977,573</u>	<u>\$ (391,647)</u>	<u>\$ 4,585,926</u>
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(To Sch. 1)

[illegible]

SAN LUIS OBISPO COUNTY MENTAL HEALTH
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

[illegible]

[illegible]

SAN LUIS OBISPO COUNTY MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 8,836,363	\$ (493,822)	\$ 8,342,541
(2) Total SD/MC Claims	9,291,926	0	9,291,926
(3) Percent % (Line 1/Line 2)	95.10%	-5.32%	89.78%
(4) EPSDT Claims	4,377,450	0	4,377,450
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	4,162,955	(232,880)	3,930,075
(6) Cost Settled Baseline for EPSDT	674,177	0	674,177
(7) Net Cost Settlement Amount (Line 5 - Line 6)	3,488,778	(232,880)	3,255,898
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	1,629,259	(108,755)	1,520,504
(8a) FY 2001-02 EPSDT Settlement	1,763,472	0	1,763,472
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net Cost Settlement Amount (L. 8 - 9)	1,629,259	(108,755)	1,520,504
(11) SGF Distribution (Settled and Audited)	1,629,259	(245)	1,629,014
(12) SGF Due County (State)	\$ 0	\$ (108,510)	\$ (108,510)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

**SAN LUIS OBISPO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

FINDING 1 – ADMINISTRATIVE COSTS

Our examination disclosed that the County did not identify the methodology used in reporting the allocation of Short-Doyle Medi-Cal (SD/MC) administrative costs to Medi-Cal and non-Medi-Cal, including Health Families administration. The County submitted working papers identifying total administrative costs of \$3,459,804, which reconciled to the County general ledger and the final cost report. During the audit, the County submitted documentation in support of using unduplicated client count as an appropriate method of allocating the administrative costs between Medi-Cal and non Medi-Cal. A comparison of the County working paper to the Department's DMH Statistic & Data Analysis report revealed only a minor variance of less than 3%. Based on this comparison, audits agreed to accept the County's working paper, and allocated administrative costs to Medi-Cal and non Medi-Cal based on the County's unduplicated client count of 2,925 Medi-Cal clients and 4,495 total clients. The County's unduplicated client count yielded a 63.45% ratio for Short-Doyle Medi-Cal Administrative costs.

AUDIT AUTHORITY

FY 03-04 Cost and Financial Reporting System (CFRS) Instruction Manual;
California Code Regulations, Title 9, Section 640

RECOMMENDATION

We recommend that the County review the cost report instructions and select an appropriate method to distribute administrative costs between SD/MC and Non-SD/MC and apply that method on a consistent basis from year to year. The acceptable methods of apportionment are:

- 1) % of Medi-Cal recipients served by the County
- 2) Relative values based on units and published charges
- 3) Gross cost of each program

In the absence of an approved allocation method that can be properly supported, audit adjustments will continue to prevail and can jeopardize federal funds.

AUDITEE'S RESPONSE

San Luis Obispo County concurs with the finding. A consistent, statistically valid method of apportionment of costs between SD/MC and Non-SD/MC should be applied. San Luis Obispo County will continue its current practice of using method 1, "the % of Medi-Cal recipients served by the County" for Administrative Cost allocation.

**SAN LUIS OBISPO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

FINDING 2 – UTILIZATION REVIEW COSTS

Our review disclosed that the County could not justify its allocation of Utilization Review (UR) costs between Skilled Professional Medical Personnel (SPMP), Short-Doyle Medical (SD/MC) UR and Non SD/MC UR. As in previous years, the County only tracked the number of inpatient chart reviews but not the number of outpatient chart reviews. Since no allocation method was identified, the utilization review costs were distributed using the unduplicated client count method with the audited ratio of 63.45%.

AUDIT AUTHORITY:

FY 03-04 Cost and Financial Reporting System (CFRS) Instruction Manual;
DMH Letter 94-09

RECOMMENDATION:

We recommend that the County review the above-cited audit authorities and must ensure that reported utilization review costs must be properly supported and maintained.

AUDITEE'S RESPONSE

The County concurs with this finding. A consistent, statistically valid method of apportionment of costs between SD/MC and Non-SD/MC should be applied. The County of San Luis Obispo will continue its current practice of using the "% of Medi-Cal recipients served by the County" for apportionment of Utilization Revenue (UR) costs.

FINDING 3 – PHASE II CONSOLIDATION COSTS AND UNITS

Our examination disclosed that the County reported the Phase II Consolidation of the Fee For Service (FFS) Medi-Cal costs under line 1 of the Form MH 1960 of the Short-Doyle Medi-Cal (SD/MC) cost report. However, the County did not report any FFS units. Per review of County's records, PSP 354 and PSP 356 reports have identified the following disciplines: Psychiatrist, Psychologist, Licensed Social Worker (LCSW), Marriage Family and Child Counselor (MFCC), and Registered Nurse (RN). These disciplines were identified and corrections were made to the appropriate cost per unit applicable to each discipline.

**SAN LUIS OBISPO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

AUDIT AUTHORITY:

DMH letter to Local Mental Health Administrators dated December 23, 1998;
FY 03-04 Cost and Financial Reporting System (CFRS) Instruction Manual;
California Code Regulations, Title 9, Section 640; DMH Information Notice 97-15

RECOMMENDATION:

We recommend that the County should exercise due care when preparing the year end cost report. The County also needs to review the DMH letter dated December 23, 1998 on Cost Reporting of Phase II Outpatient Consolidation Expenditures. The cost per unit is the average of all payments made to a particular discipline or provider number. DMH Information Notice 97-15 addressed reporting of discipline for Fee for Service Providers.

AUDITEE'S RESPONSE:

The County concurs with this finding. For many years the County erroneously reported Fee-For-Service (FFS) provider service units and costs as part of Program 1, Mode 15, Outpatient Services. The County of San Luis Obispo has corrected this reporting error in recent Cost Reports.

FINDING 4 – FAILURE TO FILE COST REPORTS FOR CONTRACT PROVIDERS

The County did not file Short-Doyle Medi-Cal cost reports for the following contract providers: Victor Treatment Center (Legal Entity #00118), Families First (Legal Entity #00120), Rebekah Children's Services (Legal Entity #00255), Summitview Child Treatment Center (Legal Entity #00461), and Casa Pacifica (Legal Entity #00275), in which Short-Doyle Medi-Cal (SD/MC) units were billed and paid for by the State Department of Mental Health. The County included these contractor costs and units in the County cost report.

For the period of audit, the County was allowed to submit the SD/MC cost reports and was used as the basis to settle the associated Short-Doyle/Medi-Cal (SD/MC) units related to these contract providers. The costs and units were removed from the County cost report settlement.

AUDIT AUTHORITY:

CMS Pub. 15-1, Section 2304
California Code of Regulations, Title 9, Section 640

**SAN LUIS OBISPO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

RECOMMENDATION:

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities that furnished Mental Health Services including Medi-Cal and non Medi-Cal recipients. The County is responsible for submitting its contract provider legal entity cost reports.

The County should make certain that all SD/MC cost reports are timely and properly filed with the State DMH so as not to jeopardize future SD/MC federal and state reimbursements.

AUDITEE'S RESPONSE:

The County concurs with this finding. The County did not begin providing separate cost reports for group homes until FY 2005-06. Contract language has been incorporated into group home contracts to require the submission of annual cost reports to the County.

AUDIT ADJUSTMENTS

Provider SAN LUIS OBISPO COUNTY				Provider Number 00040	No. of Adj. 126	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	3	C	PAYMENT TO CONTRACT PROVIDERS To adjust payments to contract providers to agree with County's records and supporting documents. CMS Pub. 15-1, Sections 2300 and 2304	\$ (2,887,143)	\$ (1,644,655)	\$ (4,531,798)
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To expenses to reflect the effect of adjustment 1 above.	\$ 17,782,129	\$ (1,644,655)	\$ 16,137,474 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate non-allowable IMD Physician costs. CMS Pub. 15-1, Sections 2102.3	** \$ 16,137,474	\$ (38,389)	\$ 16,099,085
4	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 3,087,298	\$ (977,560)	\$ 2,109,738
5	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	19,640	19,640
6	MH 1960	11	C	NON-SD/MC ADMINISTRATION	372,506	957,920	1,330,426
Info.	MH 1960	12	C	TOTAL ADMINISTRATION To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unduplicated client count ratio in accordance with cost report instructions. Healthy Families cost allocated based on percentage of audited Medi-Cal costs per Form 1968 to total costs per Form 1964. This method is in accordance with cost report instructions.	\$ <u>3,459,804</u>	\$ <u>0</u>	\$ <u>3,459,804</u>
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN LUIS OBISPO COUNTY				00040	126	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
7	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 677,755	\$ (16,752)	\$ 661,003
8	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	188,186	(4,652)	183,534
9	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	219,045	21,404	240,449
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ 1,084,986	\$ 0	\$ 1,084,986
				To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on unduplicated client count ratio in accordance with cost report instructions.			
10	MH1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	\$ 13,237,339	\$ (1,683,044)	\$ 11,554,295
				To adjust Mode Costs in conjunction with adjustment numbers 1 and 3.			
				CMS PUB. 15-1, Section 2304			
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODE OF SERVICE</u>			
11	MH 1964	3	A	OTHER 24 HOURS SERVICES (MODE 05)	\$ 4,029,824	\$ (1,601,714)	\$ 2,428,110
12	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 276,793	\$ (263,861)	\$ 12,932
13	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1)	8,356,477	(319,022)	8,037,455 *
14	TOTAL			TOTAL	\$ 12,663,094	\$ (2,184,597)	\$ 10,478,497
				To distribute audited Direct Services cost (Medi-Cal Modes) to Other 24 Hour Services, Day Services and Outpatient Services using the Relative Value method based on Published Charges.			
15	MH 1964	5	A	OUTPATIENT SERVICES	** \$ 8,037,455	\$ 450,091	\$ 8,487,546
				To adjust Program II costs to agree with the County's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN LUIS OBISPO COUNTY				00040	126	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
16	MH 1964	3	A	OTHER 24 HOURS SERVICES (MODE 05 - ALL OTHER)	\$ 4,029,824	\$ (1,601,714)	\$ 2,428,110
17	MH 1964	4	A	DAY SERVICES (MODE 10)	276,793	(263,861)	12,932
18	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	8,356,477	131,069	8,487,546
19	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	295,458	51,462	346,920
Info	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	278,787	0	278,787
20	MH 1964	9	A	MODE COSTS (DIRECT SERVICES AND MAA)	\$ <u>13,237,339</u>	\$ <u>(1,683,044)</u>	\$ <u>11,554,295</u>
				To reflect the distribution of adjustments 1 and 3.			
21	MH1966	3	B	FFS PSYCHOLOGIST 15 01	\$ 0	877	\$ 877
22	MH1966	3	C	FFS PSYCHOLOGIST 15 10	0	1,032	1,032
23	MH1966	3	D	FFS PSYCHOLOGIST 15 30	0	3,611	3,611
24	MH1966	3	E	FFS PSYCHOLOGIST 15 40	0	14,427	14,427
25	MH1966	3	F	FFS LCSW 15 01	0	3,755	3,755
26	MH1966	3	G	FFS LCSW 15 10	0	17,531	17,531
27	MH1966	3	H	FFS LCSW 15 30	0	6,875	6,875
28	MH1966	3	I	FFS LCSW 15 40	0	88,885	88,885
29	MH1966	3	J	FFS LCSW 15 50	0	39	39
30	MH1966	3	K	FFS MFCC 15 01	0	8,740	8,740
31	MH1966	3	L	FFS MFCC 15 10	0	44,030	44,030
32	MH1966	3	M	FFS MFCC 15 30	0	29,480	29,480
33	MH1966	3	N	FFS MFCC 15 40	0	225,469	225,469
34	MH1966	3	O	FFS MFCC 15 50	0	76	76
35	MH1966	3	P	FFS RN 15 01	0	50	50
36	MH1966	3	Q	FFS RN 15 10	0	300	300
37	MH1966	3	R	FFS RN 15 30	0	113	113
38	MH1966	3	S	FFS RN 15 40	0	4,801	4,801
				To adjust program II expenditures to agree with County records.			
				CMS PUB. 15-1, Section 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SAN LUIS OBISPO COUNTY				Provider Number 00040	No. of Adj. 126	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
39	MH1966	4	B	FFS PSYCHOLOGIST 15 01	\$ 0.00	\$ 1.72	\$ 1.72
40	MH1966	4	C	FFS PSYCHOLOGIST 15 10	0.00	1.72	1.72
41	MH1966	4	D	FFS PSYCHOLOGIST 15 30	0.00	1.72	1.72
42	MH1966	4	E	FFS PSYCHOLOGIST 15 40	0.00	1.72	1.72
43	MH1966	4	F	FFS LCSW 15 01	0.00	1.29	1.29
44	MH1966	4	G	FFS LCSW 15 10	0.00	1.29	1.29
45	MH1966	4	H	FFS LCSW 15 30	0.00	1.29	1.29
46	MH1966	4	I	FFS LCSW 15 40	0.00	1.29	1.29
47	MH1966	4	J	FFS LCSW 15 50	0.00	1.30	1.30
48	MH1966	4	K	FFS MFCC 15 01	0.00	1.26	1.26
49	MH1966	4	L	FFS MFCC 15 10	0.00	1.26	1.26
50	MH1966	4	M	FFS MFCC 15 30	0.00	1.26	1.26
51	MH1966	4	N	FFS MFCC 15 40	0.00	1.26	1.26
52	MH1966	4	O	FFS MFCC 15 50	0.00	1.27	1.27
53	MH1966	4	P	FFS RN 15 01	0.00	1.25	1.25
54	MH1966	4	Q	FFS RN 15 10	0.00	1.25	1.25
55	MH1966	4	R	FFS RN 15 30	0.00	1.26	1.26
56	MH1966	4	S	FFS RN 15 40	0.00	1.25	1.25
				To adjust the cost per unit of the program II expenditures to agree with County Records.			
				CMS PUB. 15-1, Section 2304			
				<u>ADJUSTMENTS TO REPORTED UNITS</u>			
57	MH 1966A	2	B	TOTAL UNITS - MODE 05-10	0	68	68
Info.	MH 1966A	2	B	TOTAL UNITS - MODE 05-20	3,118	0	3,118
Info.	MH 1966A	2	B	TOTAL UNITS - MODE 10-81	117	0	117
				-Continued on next page-			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN LUIS OBISPO COUNTY				00040	126	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED UNITS</u>							
-Continued from previous page-							
58	MH 1966A	2	C	TOTAL UNITS - MODE 10-85	215	(215)	0
59	MH 1966A	2	D	TOTAL UNITS - MODE 10-95	1,812	(1,812)	0
60	MH 1966A	2	B	TOTAL UNITS - MODE 15-01	739,201	(11,936)	727,265
61	MH 1966A	2	C	TOTAL UNITS - MODE 15-10	135,908	(58,035)	77,873
62	MH 1966A	2	D	TOTAL UNITS - MODE 15-30	662,591	(30,840)	631,751
63	MH 1966A	2	E	TOTAL UNITS - MODE 15-40	1,283,274	(259,390)	1,023,884
64	MH 1966A	2	F	TOTAL UNITS - MODE 15-50	193,490	(91)	193,399
65	MH 1966A	2	G	TOTAL UNITS - MODE 15-60	342,802	140,948	483,750
66	MH 1966A	2	H	TOTAL UNITS - MODE 15-70	155,432	65,974	221,406
67	MH 1966A	2	B	TOTAL UNITS - MODE 15-01 FFS PSYCHOLOGIST	0	510	510
68	MH 1966A	2	C	TOTAL UNITS - MODE 15-10 FFS PSYCHOLOGIST	0	600	600
69	MH 1966A	2	D	TOTAL UNITS - MODE 15-30 FFS PSYCHOLOGIST	0	2,100	2,100
70	MH 1966A	2	E	TOTAL UNITS - MODE 15-40 FFS PSYCHOLOGIST	0	8,390	8,390
71	MH 1966A	2	F	TOTAL UNITS - MODE 15-01 FFS LCSW	0	2,900	2,900
72	MH 1966A	2	G	TOTAL UNITS - MODE 15-10 FFS LCSW	0	13,540	13,540
73	MH 1966A	2	H	TOTAL UNITS - MODE 15-30 FFS LCSW	0	5,310	5,310
74	MH 1966A	2	I	TOTAL UNITS - MODE 15-40 FFS LCSW	0	68,650	68,650
75	MH 1966A	2	J	TOTAL UNITS - MODE 15-50 FFS LCSW	0	30	30
76	MH 1966A	2	K	TOTAL UNITS - MODE 15-01 FFS MFCC	0	6,920	6,920
77	MH 1966A	2	L	TOTAL UNITS - MODE 15-10 FFS MFCC	0	34,860	34,860
78	MH 1966A	2	M	TOTAL UNITS - MODE 15-30 FFS MFCC	0	23,340	23,340
79	MH 1966A	2	O	TOTAL UNITS - MODE 15-40 FFS MFCC	0	178,510	178,510
80	MH 1966A	2	P	TOTAL UNITS - MODE 15-50 FFS MFCC	0	60	60
81	MH 1966A	2	Q	TOTAL UNITS - MODE 15-01 FFS RN	0	40	40
82	MH 1966A	2	R	TOTAL UNITS - MODE 15-10 FFS RN	0	240	240
83	MH 1966A	2	S	TOTAL UNITS - MODE 15-30 FFS RN	0	90	90
84	MH 1966A	2	T	TOTAL UNITS - MODE 15-40 FFS RN	0	3,840	3,840
Info.	MH 1966A	2		TOTAL	<u>3,517,960</u>	<u>194,601</u>	<u>3,712,561</u>
To adjust Total units to agree with the County records.							
CMS PUB. 15-1, Section 2304							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.		Fiscal Period Ended	
SAN LUIS OBISPO COUNTY				00040		126		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS</u>					
85	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS	54.35%	519,515	(7,566)	511,949	
86	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS	54.35%	7,122	7,141	14,263	
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>526,637</u>	<u>(425)</u>	<u>526,212</u> *	
87	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS	52.95%	1,809,085	(34,472)	1,774,613	
88	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS	52.95%	2,792	33,634	36,426	
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>1,811,877</u>	<u>(838)</u>	<u>1,811,039</u> *	
				To adjust Short-Doyle Medi-Cal and Medicare Crossover units of service/time for the County operated facilities to agree with the State DMH approved Claims Report dated April 15, 2008 (Excluding disallowed claims <23,252>). The auditor submitted work papers to County which shows the detail of the above adjustments.					
Info.	MH 1966A	8		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	** 526,212	0	526,212 *	
89	MH 1966A	8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	** 1,811,039	(50)	1,810,989 *	
Info.				TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>2,337,251</u>	<u>(50)</u>	<u>2,337,201</u> *	
				To adjust the State DMH Approved Claims report dated April 15, 2008 to include additional EPSDT disallowed claims to agree with County records.					
Info.	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	** 526,212	0	526,212 *	
90	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	** 1,810,989	(298)	1,810,691 *	
Info.	MH 1966A		TOTAL	TOTAL		<u>2,337,201</u>	<u>(298)</u>	<u>2,336,903</u> *	
				To adjust the State DMH Approved Claims Report dated April 15, 2008 to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.					
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.					

AUDIT ADJUSTMENTS

Provider				SAN LUIS OBISPO COUNTY		Provider Number		No. of Adj.		Fiscal Period Ended	
						00040		126			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.								
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS</u>											
91	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	**	526,212	(767)	525,445 *		
92	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,810,691	33,378	1,844,069 *		
Info.	MH 1966A		TOTAL	TOTAL		**	2,336,903	32,611	2,369,514 *		
To adjust SD/MC units of service/time per the State Department of Mental Health Summary of Approved Claims to agree with the County records (PSP356).											
Info.	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	**	525,445	0	525,445 *		
93	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,844,069	(23,252)	1,820,817 *		
Info.	MH 1966A		TOTAL	TOTAL		**	2,369,514	(23,252)	2,346,262 *		
To adjust County records SD/MC units of service/time to include EPSDT disallowed claims. The auditor submitted work papers to the County which show the details of the above adjustment.											
Info.	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	**	525,445	0	525,445 *		
94	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,820,817	(298)	1,820,519 *		
Info.	MH 1966A		TOTAL	TOTAL		**	2,346,262	(298)	2,345,964 *		
To adjust the County's records (PSP 356) to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.											
95	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	**	525,445	(2,158)	523,287 *		
96	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,820,519	(71,795)	1,748,724 *		
Info.	MH 1966A		TOTAL	TOTAL		**	2,345,964	(73,953)	2,272,011 *		
To adjust the Short-Doyle/Medi-Cal units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which show the details of the above adjustment.											
* Balance carried forward to subsequent adjustment.											
** Balance brought forward from prior adjustment.											

AUDIT ADJUSTMENTS

Provider				SAN LUIS OBISPO COUNTY		Provider Number	No. of Adj.	Fiscal Period Ended	
						00040	126	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.						
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS</u>									
97	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	54.35%	**	523,287	(6,100)	517,187
98	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,748,724	(6,972)	1,741,752 *
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		**	<u>2,272,011</u>	<u>(13,072)</u>	<u>2,258,939</u>
To identify Medi/Medi Units for settlement purposes.									
99	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	52.95%	**	1,741,752	(120)	1,741,632
To adjust RN FFS Medi-Cal units to reflect total units.									
Info.	MH 1966A	10	TOTAL	TOTAL ENHANCED UNITS	07/01/03 - 9/30/03		3,183	0	3,183 *
100	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS	10/01/03 - 06/30/04		23,314	(255)	23,059 *
To adjust Enhanced units of service/time to agree with the State Department of Mental Health Summary of Approved Claims									
101	MH 1966A	10	TOTAL	TOTAL ENHANCED UNITS	07/01/03 - 9/30/03	**	3,183	(375)	2,808 *
102	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS	10/01/03 - 06/30/04	**	23,059	(11,020)	12,039 *
To adjust Enhanced units of service/time per the State Department of Mental Health Summary of Approved Claims to agree with the County records.									
Info.	MH 1966A	10	TOTAL	TOTAL ENHANCED UNITS	07/01/03 - 9/30/03	**	2,808	0	2,808
103	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS	10/01/03 - 06/30/04	**	12,039	(285)	11,754
To adjust County records Enhanced units of service/time to include EPSDT disallowed claims. The auditor submitted work papers to the County which show the details of the above adjustment.									
* Balance carried forward to subsequent adjustment.									
** Balance brought forward from prior adjustment.									

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN LUIS OBISPO COUNTY				00040	126	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS</u>			
Info.	MH 1966A	10	TOTAL	TOTAL ENHANCED UNITS 07/01/03 - 9/30/03 **	2,808	0	2,808
Info.	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS 10/01/03 - 06/30/04 **	11,754	0	11,754
				To adjust Enhanced units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which show the details of the above adjustment.			
104	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03 - 9/30/03	9,204	(106)	9,098 *
105	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/03 - 06/30/04	40,494	(119)	40,375 *
				To adjust Healthy Families units of service/time to agree with the State Department of Mental Health Summary of Approved Claims.			
106	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03 - 9/30/03 **	9,098	15	9,113 *
107	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/03 - 06/30/04 **	40,375	(734)	39,641 *
				To adjust Healthy Families units of service/time per the State Department of Mental Health Summary of Approved Claims to agree with the County records.			
Info.	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03 - 9/30/03 **	9,113	0	9,113 *
108	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/03 - 06/30/04 **	39,641	(235)	39,406 *
				To adjust County records SD/MC units of service/time to include EPSDT disallowed claims. The auditor submitted work papers to the County which show the details of the above adjustment.			
109	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03 - 9/30/03 **	9,113	(295)	8,818
110	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/03 - 06/30/04 **	39,406	(341)	39,065
				To adjust the Short-Doyle/Medi-Cal units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which show the details of the above adjustment.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SAN LUIS OBISPO COUNTY				Provider Number 00040	No. of Adj. 126	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
111	MH 1966A	8		TOTAL MEDI-CAL UNITS 54.35%	269,443	(3)	269,440
Info.	MH 1966A	9		TOTAL MEDI/MEDI UNITS 54.35%	0	0	0
112	MH 1966A	8+9		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	<u>269,443</u>	<u>(3)</u>	<u>269,440 *</u>
113	MH 1966A	8A		TOTAL MEDI-CAL UNITS 52.95%	823,104	1,295	824,399
Info.	MH 1966A	9A		TOTAL MEDI/MEDI UNITS 52.95%	0	0	0
114	MH 1966A	8A+9A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95%	<u>823,104</u>	<u>1,295</u>	<u>824,399 *</u>
				To adjust Short-Doyle Medi-Cal and Medicare Crossover units of service/time for the Contractor facilities to agree with the State DMH approved Claims Report dated April 15, 2008 (Excluding disallowed claims <5,980>). The auditor submitted work papers to County which shows the detail of the above adjustments.			
115	MH 1966A	8A+9A		TOTAL MEDI-CAL UNITS 52.95% **	824,399	(135)	824,264 *
				To adjust DMH Paid Claims Summary to include EPSDT disallowed claims. The auditor submitted work papers to the County which show the details of this adjustment.			
116	MH 1966A	8		TOTAL MEDI-CAL UNITS 54.35% **	269,440	(2,822)	266,618 *
117	MH 1966A	8A		TOTAL MEDI-CAL UNITS 52.95% **	824,264	9,360	833,624 *
Info.				TOTAL	<u>1,093,704</u>	<u>6,538</u>	<u>1,100,242 *</u>
				To adjust Contractor units per Department of Mental Health Summary Report to C with the County PSP 356 report.			
Info.	MH 1966A	8		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% **	266,618	0	266,618 *
118	MH 1966A	8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% **	833,624	(5,980)	827,644 *
Info.				TOTAL	<u>1,100,242</u>	<u>(5,980)</u>	<u>1,094,262 *</u>
				To adjust Contractor records SD/MC units of service/time to include EPSDT disallowed claims. The auditor submitted work papers to the County which show the details of the above adjustment.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SAN LUIS OBISPO COUNTY				Provider Number 00040	No. of Adj. 126	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
119 120 Info.	MH 1966A	8		<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
				TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% **	266,618	(2,110)	264,508
	MH 1966A	8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.95% **	827,644	(21,265)	806,379
				TOTAL **	<u>1,094,262</u>	<u>(23,375)</u>	<u>1,070,887</u>
				To adjust the Short-Doyle/Medi-Cal units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which show the details of the above adjustment.			
				<u>ADJUSTMENTS TO REPORTED SHORT-DOYLE/MEDI-CAL SETTLEMENT</u>			
121	MH 1979	3	C	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB - OUTPATIENT	\$ 2,033,433	\$ 124,303	2,157,736
				To adjust reported Contract provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the SD/MC units of service/time.			
122	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 4,898,666	\$ (384,613)	\$ 4,514,053
123	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	78,907	(7,035)	71,872
124	Sch. 3b	Total	28	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	1,088,882	72,401	1,161,283
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported cost and units for the County and Contract Providers.			
125	Sch. 4			EPSDT - SGF	\$ 1,629,259	\$ (245)	\$ 1,629,014
				To adjust the settled EPSDT to include the payback on EPSDT claims adjusted by DMH Oversight Branch.			
126	Sch. 4			EPSDT - SGF	\$ 1,629,014	\$ (108,510)	\$ 1,520,504
				To adjust the final settlement under EPSDT program to reflect the adjustments made to costs and units of service/time.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		A	B	C
Legal Entity Number: 00040		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	13,124,849	9,620,875	22,745,724
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(4,531,798)	(4,531,798)
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	13,124,849	5,089,077	18,213,926
6	Medi-Cal Adjustments from MH 1961	(1,292,375)	(822,466)	(2,114,841)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			16,099,085
	Administrative Costs (County Only)			
9	SD/MC Administration			2,109,738
10	Healthy Families Administration			19,640
11	Non-SD/MC Administration			1,330,426
12	Total Administrative Costs			3,459,804
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			661,003
14	Other SD/MC Utilization Review			183,534
15	Non-SD/MC Utilization Review			240,449
16	Total Utilization Review Costs			1,084,986
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			11,554,295
19	Total Costs - Lines 9 through 18			16,099,085

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

Legal Entity: SAN LUIS OBISPO COUNTY MENTA		A	B	C
Legal Entity Number: 00040		Salaries and Benefits	Other	Total Adjustments
1	Remove ACTS		(5,068)	(5,068)
2	Remove SAMHSA	(405,909)	(88,048)	(493,957)
3	Remove Nuclear Drill	(78)		(78)
4	Remove ConRep Program	(327,558)	(78,727)	(406,285)
5	Remove Jail	(312,440)	(257,461)	(569,901)
6	Remove PATH	(27,265)		(27,265)
7	Remove JSC	(176,275)	(301)	(176,576)
8	Remove Homeless Housing Remodel/Prev Health Grnt		(198,301)	(198,301)
9	Remove State Hospital Offset		(120,171)	(120,171)
10	Remove Drug Program	(42,850)		(42,850)
11	Remove Crisis APS (DSS)		(36,000)	(36,000)
12				
13	Audit Adjustments:			
14				
15	Remove IMD Physician Costs		(4,705)	(4,705)
16	Remove Payments for MH Board		(2,027)	(2,027)
17	Remove Out of County Inpatient FFS Costs		(31,657)	(31,657)
18				
19				
20	Total Adjustments	(1,292,375)	(822,466)	(2,114,841)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		A
Legal Entity Number: 00040		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	11,554,295
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	2,428,110
4	Day Services (Mode 10)	12,932
5	Outpatient Services (Mode 15 Program 1 + Program 2)	8,487,546
6	Outreach Services (Mode 45)	346,920
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	278,787
9	Total - Lines 2 through 8	11,554,295

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

CR

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00040			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)				20					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			3,118					
3	Gross Cost		2,428,110	2,428,110					
4	Cost per Unit			778.74					
5	SMA per Unit			489.49					
6	Published Charge per Unit			891.00					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		332					
8A		10/01/03 - 06/30/04		1,112					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04		2					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			1,672					
13	Medi-Cal Costs	07/01/03 - 09/30/03	258,542	258,542					
13A		10/01/03 - 06/30/04	865,958	865,958					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	162,511	162,511					
14A		10/01/03 - 06/30/04	544,313	544,313					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	295,812	295,812					
15A		10/01/03 - 06/30/04	990,792	990,792					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04	1,557	1,557					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04	979	979					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04	1,782	1,782					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		1,302,053	1,302,053					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY		CR					
County Code: 42							
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		A	B	C	D	E	F
Legal Entity Number: 00040			Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function
			81				
1	Allocation Percentage	100.00%	100.00%				
2	Total Units		117				
3	Gross Cost	12,932	12,932				
4	Cost per Unit		110.53				
5	SMA per Unit		130.63				
6	Published Charge per Unit		126.46				
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03	92				
8A		10/01/03 - 06/30/04					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	12				
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units		13				
13	Medi-Cal Costs	07/01/03 - 09/30/03	10,169	10,169			
13A		10/01/03 - 06/30/04					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	12,018	12,018			
14A		10/01/03 - 06/30/04					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	11,634	11,634			
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03	1,326	1,326			
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	1,568	1,568			
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03	1,518	1,518			
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		1,437	1,437			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY			CR		CR		CR		CR		CR	
County Code: 42			CR		CR		CR		CR		CR	
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G			
Legal Entity Number: 00040				Service	Service	Service	Service	Service	Service			
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function	Function			
				01	10	30	40	50	60			
1	Allocation Percentage		100.00%	20.22%	1.99%	16.14%	25.39%	4.79%	22.99%			
2	Total Units		727,265	77,873	631,751	1,023,884	193,399	483,750				
3	Gross Cost		8,037,455	1,625,432	159,945	1,297,563	2,040,328	385,393	1,847,638			
4	Cost per Unit			2.23	2.05	2.05	1.99	1.99	3.82			
5	SMA per Unit			1.83	2.36	2.36	2.36	2.36	4.37			
6	Published Charge per Unit			2.35	2.35	2.35	2.35	2.35	4.37			
7	Negotiated Rate / Cost per Unit											
8	Medi-Cal Units	07/01/03 - 09/30/03		119,479	12,739	104,571	149,179	22,845	57,620			
8A		10/01/03 - 06/30/04		328,892	36,259	262,664	567,222	111,161	193,272			
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03				1,230			4,870			
9A		10/01/03 - 06/30/04				2,315			4,657			
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		62	201	721	1,715	69	40			
10A		10/01/03 - 06/30/04		818	593	893	6,677	207	307			
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04										
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		623	919	1,526	4,046	412	260			
11A		10/01/03 - 06/30/04		2,924	4,945	6,492	17,476	2,736	1,172			
12	Non-Medi-Cal Units			274,467	22,217	251,339	277,569	55,969	221,552			
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,110,508	267,035	26,165	214,780	297,274	45,524	220,074			
13A		10/01/03 - 06/30/04	3,607,494	735,071	74,473	539,490	1,130,322	221,514	738,184			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,198,647	218,647	30,064	246,788	352,062	53,914	251,799			
14A		10/01/03 - 06/30/04	3,945,633	601,872	85,571	619,887	1,338,644	262,340	844,599			
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,257,883	280,776	29,937	245,742	350,571	53,686	251,799			
15A		10/01/03 - 06/30/04	4,106,884	772,896	85,209	617,260	1,332,972	261,228	844,599			
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03										
16A		10/01/03 - 06/30/04										
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	21,127			2,526			18,601			
17A		10/01/03 - 06/30/04	22,542			4,755			17,787			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	24,185			2,903			21,282			
18A		10/01/03 - 06/30/04	25,814			5,463			20,351			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	24,172			2,891			21,282			
19A		10/01/03 - 06/30/04	25,791			5,440			20,351			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03										
20A		10/01/03 - 06/30/04										
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	5,740	139	413	1,481	3,418	137	153			
21A		10/01/03 - 06/30/04	20,140	1,828	1,218	1,834	13,305	412	1,173			
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	6,674	113	474	1,702	4,047	163	175			
22A		10/01/03 - 06/30/04	23,014	1,497	1,399	2,107	15,758	489	1,342			
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	6,680	146	472	1,694	4,030	162	175			
23A		10/01/03 - 06/30/04	23,356	1,922	1,394	2,099	15,691	486	1,342			
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03										
24A		10/01/03 - 06/30/04										
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04										
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04										
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04										
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04										
29	Healthy Families Costs	07/01/03 - 09/30/03	17,306	1,392	1,888	3,134	8,063	821	993			
29A		10/01/03 - 06/30/04	78,194	6,535	10,157	13,334	34,825	5,452	4,476			
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	19,729	1,140	2,169	3,601	9,549	972	1,136			
30A		10/01/03 - 06/30/04	89,071	5,351	11,670	15,321	41,243	6,457	5,122			
31	Healthy Families Published Charges	07/01/03 - 09/30/03	19,984	1,464	2,160	3,586	9,508	968	1,136			
31A		10/01/03 - 06/30/04	90,275	6,871	11,621	15,256	41,069	6,430	5,122			
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03										
32A		10/01/03 - 06/30/04										
33	Non-Medi-Cal Costs		3,154,404	613,432	45,632	516,229	553,121	111,531	846,197			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 2 OF 2

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

CR

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		H	I	J	K	L	M	N
Legal Entity Number: 00040		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)								
		70						
1	Allocation Percentage	8.47%						
2	Total Units	221,406						
3	Gross Cost	681,156						
4	Cost per Unit	3.08						
5	SMA per Unit	3.52						
6	Published Charge per Unit	3.52						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03 12,890						
8A		10/01/03 - 06/30/04 54,750						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04 120						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03 330						
11A		10/01/03 - 06/30/04 1,110						
12	Non-Medi-Cal Units	152,206						
13	Medi-Cal Costs	07/01/03 - 09/30/03 39,656						
13A		10/01/03 - 06/30/04 168,438						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03 45,373						
14A		10/01/03 - 06/30/04 192,720						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03 45,373						
15A		10/01/03 - 06/30/04 192,720						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04 369						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04 422						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04 422						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03 1,015						
29A		10/01/03 - 06/30/04 3,415						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 1,162						
30A		10/01/03 - 06/30/04 3,907						
31	Healthy Families Published Charges	07/01/03 - 09/30/03 1,162						
31A		10/01/03 - 06/30/04 3,907						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs	468,262						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 3ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

County Code: 42			MHS	MHS	MHS	MHS	MHS	MHS	MHS	
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G	H
Legal Entity Number 00040			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				01	10	30	40	01	10	30
1	Allocation Percentage		100.00%	0.19%	0.23%	0.80%	3.21%	0.83%	3.89%	1.53%
2	Total Units			510	600	2,100	8,390	2,900	13,540	5,310
3	Gross Cost		450,091	877	1,032	3,611	14,427	3,755	17,531	6,875
4	Cost per Unit			1.72	1.72	1.72	1.72	1.29	1.29	1.29
5	SMA per Unit			1.83	2.36	2.36	2.36	1.83	2.36	2.36
6	Published Charge per Unit									
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units	07/01/03 - 09/30/03		10			1,250	270	660	1,050
8A		10/01/03 - 06/30/04		160	240	1,560	4,690	1,300	5,680	3,570
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03								
9A		10/01/03 - 06/30/04								
10	Enhanced SD/MC Units	07/01/03 - 09/30/03								
10A		10/01/03 - 06/30/04								
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04								
11	Healthy Families (SED) Units	07/01/03 - 09/30/03								
11A		10/01/03 - 06/30/04								240
12	Non-Medi-Cal Units			340	360	540	2,450	1,330	7,200	450
13	Medi-Cal Costs	07/01/03 - 09/30/03	48,132	17			2,149	350	855	1,359
13A		10/01/03 - 06/30/04	239,494	275	413	2,682	8,065	1,683	7,354	4,622
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	87,834	18			2,950	494	1,558	2,478
14A		10/01/03 - 06/30/04	437,376	293	566	3,682	11,068	2,379	13,405	8,425
15	Medi-Cal Published Charges	07/01/03 - 09/30/03								
15A		10/01/03 - 06/30/04								
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03								
16A		10/01/03 - 06/30/04								
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03								
17A		10/01/03 - 06/30/04								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03								
18A		10/01/03 - 06/30/04								
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03								
19A		10/01/03 - 06/30/04								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03								
20A		10/01/03 - 06/30/04								
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03								
21A		10/01/03 - 06/30/04	2,703							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03								
22A		10/01/03 - 06/30/04	4,976							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03								
23A		10/01/03 - 06/30/04								
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03								
24A		10/01/03 - 06/30/04								
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04								
29	Healthy Families Costs	07/01/03 - 09/30/03	872							
29A		10/01/03 - 06/30/04	2,823							311
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	1,607							
30A		10/01/03 - 06/30/04	5,147							566
31	Healthy Families Published Charges	07/01/03 - 09/30/03								
31A		10/01/03 - 06/30/04								
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03								
32A		10/01/03 - 06/30/04								
33	Non-Medi-Cal Costs		156,069	585	619	929	4,213	1,722	9,322	583

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 2 OF 3

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

		MHS	MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		I	J	K	L	M	N	O
Legal Entity Number: 00040		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
		40	50	01	10	30	40	50
1	Allocation Percentage	19.75%	0.01%	1.94%	9.78%	6.55%	50.09%	0.02%
2	Total Units	68,650	30	6,920	34,860	23,340	178,510	60
3	Gross Cost	88,885	39	8,740	44,030	29,480	225,469	76
4	Cost per Unit	1.29	1.30	1.26	1.26	1.26	1.26	1.27
5	SMA per Unit	2.36	2.36	1.83	2.36	2.36	2.36	2.36
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03	6,850		700	3,210	3,450	19,030
8A		10/01/03 - 06/30/04	31,280		2,330	28,250	16,530	88,690
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04		140	840	480	680	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		40	60	90	500	
11A		10/01/03 - 06/30/04	750	130	720		370	
12	Non-Medi-Cal Units		29,770	30	3,580	1,780	69,240	60
13	Medi-Cal Costs	07/01/03 - 09/30/03	8,869		884	4,054	4,358	24,036
13A		10/01/03 - 06/30/04	40,500		2,943	35,681	20,879	112,021
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	16,166		1,281	7,576	8,142	44,911
14A		10/01/03 - 06/30/04	73,821		4,264	66,670	39,011	209,308
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04		177	1,061	606	859	
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04		256	1,982	1,133	1,605	
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03		51	76	114	632	
29A		10/01/03 - 06/30/04	971	164	909		467	
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03		73	142	212	1,180	
30A		10/01/03 - 06/30/04	1,770	238	1,699		873	
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		38,545	39	4,522	2,248	3,524	87,454
								76

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY		MHS	MHS	MHS	MHS			
County Code: 42								
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		P	Q	R	S	T	U	V
Legal Entity Number: 00040		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)		01	10	30	40			
1	Allocation Percentage	0.01%	0.07%	0.03%	1.07%			
2	Total Units	40	240	90	3,840			
3	Gross Cost	50	300	113	4,801			
4	Cost per Unit	1.25	1.25	1.26	1.25			
5	SMA per Unit	1.83	2.36	2.36	2.36			
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	10			950			
8A			240		1,660			
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A								
12	Non-Medi-Cal Units	30		90	1,230			
13	Medi-Cal Costs	13			1,188			
13A			300		2,075			
14	Medi-Cal SMA Upper Limits	18			2,242			
14A			566		3,918			
15	Medi-Cal Published Charges							
15A								
16	Medi-Cal Negotiated Rates							
16A								
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A								
30	Healthy Families SMA Upper Limits							
30A								
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs	38		113	1,538			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		CR		CR			
Legal Entity Number: 00040		A	B	C	D	E	G
Mode: 45 - Outreach		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
			10	20			
1	Allocation Percentage	100.00%	11.70%	88.30%			
2	Total Units		15,600	117,688			
3	Gross Cost	346,920	40,603	306,317			
4	Cost per Unit		2.60	2.60			
5	Non-Medi-Cal Units		15,600	117,688			
6	Non-Medi-Cal Costs	346,920	40,603	306,317			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

CR

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00040		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			30					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		27,274					
3	Gross Cost	278,787	278,787					
4	Cost per Unit		10.22					
5	Non-Medi-Cal Units (Same as Line 2)		27,274					
6	Non-Medi-Cal Costs (Same as Line 3)	278,787	278,787					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY County Code: 42			REIMBURSEMENT TYPE				PC	Costs			Costs		
Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH Legal Entity Number: 00040			A	B	C	D	E	F	G	H	I	J	K
			Mode 55 S. F.'s 01-09 S. F.'s 11-19, 31-39 S. F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col 1 + Col. J)
1	Medi-Cal Costs	07/01/03 - 09/30/03						258,542	10,169	1,110,508	1,379,218	48,132	1,427,350
1A		10/01/03 - 06/30/04						865,958		3,607,494	4,473,452	239,494	4,712,946
2	Medi-Cal SMA	07/01/03 - 09/30/03						162,511	12,018	1,198,647	1,373,176	87,834	1,461,009
2A		10/01/03 - 06/30/04						544,313		3,945,633	4,489,946	437,376	4,927,322
3	Medi-Cal P. C.	07/01/03 - 09/30/03						295,812	11,634	1,257,883	1,565,329		1,565,329
3A		10/01/03 - 06/30/04						990,792		4,106,884	5,097,676		5,097,676
4	Medi-Cal N. R.	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03						258,542	10,169	1,110,508	1,379,218	48,132	1,427,350
5A		10/01/03 - 06/30/04						865,958		3,607,494	4,473,452	239,494	4,712,946
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								21,127	21,127		21,127
6A		10/01/03 - 06/30/04								22,542	22,542		22,542
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03								24,185	24,185		24,185
7A		10/01/03 - 06/30/04								25,814	25,814		25,814
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03								24,172	24,172		24,172
8A		10/01/03 - 06/30/04								25,791	25,791		25,791
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03								21,127	21,127		21,127
10A		10/01/03 - 06/30/04								22,542	22,542		22,542
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03						258,542	10,169	1,131,635	1,400,345	48,132	1,448,477
11A		10/01/03 - 06/30/04						865,958		3,630,035	4,495,994	239,494	4,735,487
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								5,740	5,740		5,740
12A		10/01/03 - 06/30/04						1,557		20,140	21,698	2,703	24,400
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								6,674	6,674		6,674
13A		10/01/03 - 06/30/04						979		23,014	23,993	4,976	28,969
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								6,680	6,680		6,680
14A		10/01/03 - 06/30/04						1,782		23,356	25,138		25,138
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								5,740	5,740		5,740
16A		10/01/03 - 06/30/04						1,557		20,140	21,698	2,703	24,400
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03						258,542	10,169	1,137,375	1,406,085	48,132	1,454,217
21A	(Excludes Refugees)	10/01/03 - 06/30/04						867,516		3,650,175	4,517,691	242,196	4,759,888
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03							1,326	17,306	18,632	872	19,504
23A		10/01/03 - 06/30/04								78,194	78,194	2,823	81,017
24	Healthy Families SMA	07/01/03 - 09/30/03							1,568	19,729	21,297	1,607	22,904
24A		10/01/03 - 06/30/04								89,071	89,071	5,147	94,218
25	Healthy Families P. C.	07/01/03 - 09/30/03							1,518	19,984	21,501		21,501
25A		10/01/03 - 06/30/04								90,275	90,275		90,275
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03							1,326	17,306	18,632	872	19,504
27A		10/01/03 - 06/30/04								78,194	78,194	2,823	81,017
	Less: Patient and Other Payor Revenue												
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03						1,597		6,893	8,490		8,490
28A		10/01/03 - 06/30/04						2,694		18,116	20,810		20,810
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03						256,945	10,169	1,130,482	1,397,595	48,132	1,445,727
35A		10/01/03 - 06/30/04						864,822		3,632,059	4,496,881	242,196	4,739,078
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03							1,326	17,306	18,632	872	19,504
37A		10/01/03 - 06/30/04								78,194	78,194	2,823	81,017
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: SAN LUIS OBISPO COUNTY
County Code: 42

Legal Entity: SAN LUIS OBISPO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00040			Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				6,214,105	6,214,105						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement				2,157,736	2,157,736						
3	Total Medi-Cal Direct Service Gross Reimbursement					8,371,841						
4	Medi-Cal Administrative Reimbursement Limit					1,255,776						
5	Medi-Cal Administration					2,109,738						
6	Medi-Cal Administrative Reimbursement					1,255,776	627,888					627,888
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				100,521	100,521						
7A	Contract Providers Healthy Families Direct Service Gross Reim.											
7B	Total Healthy Families Direct Service Gross Reimbursement					100,521						
8	Healthy Families Administrative Reimbursement Limit					10,052						
9	Healthy Families Administration					19,640						
10	Healthy Families Administrative Reimbursement					10,052				6,534		6,534
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09											
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					661,003					495,752	495,752
15	Other SD/MC Utilization Review (County Only)					183,534	91,767					91,767
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			1,439,987	1,439,987		782,633				782,633
16A		10/01/03 - 06/30/04			4,714,677	4,714,677			2,496,422			2,496,422
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			5,740	5,740				3,731		3,731
17A		10/01/03 - 06/30/04			24,400	24,400				15,860		15,860
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											4,514,053
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											4,514,053
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											4,514,053
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03			19,504	19,504				12,678		12,678
24A		10/01/03 - 06/30/04			81,017	81,017				52,661		52,661
25	Total Healthy Families Reimbursement Before Excess FFP											71,872
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											71,872